

Case Number:	CM15-0196400		
Date Assigned:	10/12/2015	Date of Injury:	10/11/2014
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old male, who sustained an industrial injury on 10-11-14. The injured worker was diagnosed as having cervical spine musculoligamentous sprain, lumbar musculoligamentous sprain, right shoulder partial thickness rotator cuff tear and right shoulder impingement syndrome. Medical records (3-10-15 through 3-18-15) indicated 8 out of 10 pain in the right shoulder and left leg pain. The physical exam (5-18-15 through 6-22-15) revealed right shoulder flexion was 175 degrees, external rotation was 45 degrees and a positive straight leg raise test on the left. The injured worker also has left foot drop related to polio. As of the doctor's first report of illness dated 8-25-15, the injured worker reports pain in his right shoulder that radiates to the right elbow, left leg pain radiating to left lower extremity (knee to lower leg), neck pain and low back pain. Objective findings include an antalgic gait favoring the left lower extremity, a positive Hawkins's and Neer's test in the right shoulder and normal cervical and lumbar vertebral alignment. There is no documentation of current pain level. Current medications include Naprosyn and Soma. Treatment to date has included a right shoulder MRI on 8-6-15 showing indirect evidence of a labral tear at the inferior 6 o'clock position, an EMG-NCV on 7-15-15 of the left lower extremity with normal results, physical therapy (location and number of sessions not provided), Orphenadrine and Nabumetone. The treating physician requested Soma 350mg #30. The Utilization Review dated 9-8-15, non-certified the request for Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350mg, 1 by mouth every night at bedtime, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The patient presents with pain in the neck, right shoulder, low back, and left lower extremity. The request is for Soma 350mg, 1 by mouth every night at bedtime, #30. Examination to the lumbar spine on 05/18/15 revealed no areas of tenderness or spas. Range of motion was normal. Straight leg raising test was positive on the left. Patient's treatments have included medication, image studies, and physical therapy with benefits. Per 06/22/15 progress report, patient's diagnosis include right shoulder impingement syndrome, rule out rotator cuff tear, and left leg radiculopathy. Patient's medications, per 08/25/15 Request For Authorization form include Soma, and Naprosyn. Patient's work status is modified duties. MTUS Chronic Pain Medication Guidelines, page 63-66, Muscle Relaxants section: "Carisoprodol has the following (Soma, Soprodon 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." The treater has not specifically discussed this request. Review of the medical records provided did not indicate prior use of Soma and it appears that the treater is initiating it. MTUS guidelines support the use of this medication for 2-3 weeks provided it is directed at an acute injury or recent flare up. However, this patient presents with chronic pain in neck, right shoulder, low back, and left lower extremity. Without evidence of recent re-injury, flare-up, or acute appearance of spasms for which Soma is considered appropriate, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.